To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Julie A. Brodley	Guia a Bradley	Street: 748 State St.	Town Village Menasher	/2/8/20// (Month) (Day) (Year)
Michael Lopez	Mickey Lozen	Street: 433, S 87th pl City: MIL WAUKER Zip: 53214	Town Village MILWAUKEE	/8/20 1
LORI LODEZ	for open	Street: 433 S. 874 Pl City: Milubox 00 - zip:53214 2	Town Village Milwa Kel	
Christian mosa	Phristin Mol	street: 55305 OBTIEN AUC ARTY City: Civil City Zip: 53110	Town Village Coll 4	(Month) (Day) (Year)
Robecca Lopez	Robert Dog	Street: 5530 5, Obrien 7744 City: Cidany zip: 5310	Town Cudany	(Month) (Day) (Year)
Kathleen Lopez	Lathlann) Yalin	Street: 3354E. Van Warman Ave City: Cudaly, Wi. zip: 53110	Town Village Cudshy	//8/20/2 (Month) (Day) (Year)
MARILYN NOWAKOWSKI	Manlyn Nowakowski	Street: 5580 & Kirkwood and City: Curshy, We zip: 53110	Town Village City City	//8/20 <u>4</u> (Month) (Day) (Year)
Isingo Lupez	Sirter In	Street: 3354 5 Um Norman City: Charles y g zip: 53110	□ Town □ Village □ City □ City	(Month) (Day) (Year)
Carmer Lopery	Carner Lapen	street: 3620 E. Iona Ter, City: Cudahy WIzip: 53110	Town Village Cudahy	
0.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
	Certification o	f Circulator		
Margaret Lopez- (Name of Circularially circulated this recall petition and personally obtained by the highest property on the date indicated the content on the content of the content on the c	ator) ined each of the signatures on this paper. I know that th	iy): I reside at 239 Gme, Residence — Street name and the signers are electors of the jurisdiction or district represented by the esidences given. I support this recall petition. I am aware that falsifying	d Number) (Circulator Monophysical Number)	Menasha Municipality) hat each person signed

Margaret Lopez-Stane (certify): I reside at 2239 Gmener Rd Town of Menashar (Circulator Municipality)

(Circulator's Residence - Street name and Number) (Circulator Municipality)

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1. HAROUD KERKENS	The Mide S	Street: /300 CORN 15R City: CR BAY Zip: 54313	□ Town R Village □ City A S HUN A41300	/2/7/20// (Month) (Day) (Year)
2. MAR GARET KERPE	R margaret Kerk	City: Aplex Ball 21p. 54313	Town to Village City Walled Stron	2- 7 20 (Month) (Day) (Year)
3. HAROLD KERKER JR.	Harred Kely	Street: 1300 CORMIER RD. City: GREEN BAY Zip: 54313	Town City ASHWAUBENON	
4. ABF 00512RS	Mic Post	Street: N4339 Dak and City: PREEDOM zip: 54130	Town Village City	//////////////////////////////////////
Card KL, Tzbe	Coul Klitche	Street # 5065. Main St apt 10 City Black Lice & LUE 210: 54106	Town Village Black Creek	13 /9 /20 11 (Month) (Day) (Year)
Michael Kemes	Michal Sem	Street: 872 Acgh/and Parthd City: Neenah zip: We	D'Town WEWAS HA	/2 /9 /20/4 (Month) (Day) (Year)
Suzanne Kempf	Susanne M lengt	street: 872 Higland Park RJ.	Stown Village WENASHA	12/9/2011 (Month) (Day) (Year)
MARY C. hesop	Mary C Rusp	Street: 130 Brows on Rd about H City: Sugmour zip: 54165	Town Village RCity SEYMOUR	12 /2 9 / 20 [/ (Month) (Day) (Year)
hours J. Bruette		Street: 730 BROWSON City: Seymour zip: 54165	O Town City Stymore	/ 8/20 <u>12</u> (Month) (Day) (Year)
10. Robene Skodinski	Robene Skodinski	Street: 434 Henry St. Apt. 9 City: See mour W1. Zip: 54165	□Town □Village Wity Seymour	/ /8 /20/2 (Month) (Day) (Year)
_	Certification of		0 10 00 00	2
	lator) ained each of the signatures on this paper. I know that the	fy): I reside at W5Z53 COUNTLY (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying the contract of the contract	officeholder named in this petition. I know th	at each person signed
<u> </u>	Chroles	(Signature of Circulator)	Page No. (9)	(Kojaj Vse Only)

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Ramon Skodinski	Camon Ekodiadi	Street: 434 Henry St. Apl. 9 Dity: Seymour w. Zip: 54165	□Town □Village BCity Sey Mour	1/8/2012 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
When it is the least of the lea	tained each of the signatures on this paper. I know that the	<u> </u>	e officeholder named in this petition. I know	that each person signed

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Lopez- largaret Stane	Margaret Jope Stan	ecty: Appletin zip: 54915	Village City Menasha	12/09/2011 (Month) (Day) (Year)
DONNY ZENTNER	Some Justner	Street: 2147 JAMES AVE City: ALTOUNA Zip: 547720	□ Town □ Village City ALTOONA	2 /28/20_1/ (Month) (Day) (Year)
Largaret Stane DONNY ZENTNER DRENGE J. ZENTNER	Sum & Sentar	Street: 3776 Ryf ROAD City: DSHKISH ZipSTAH	Town ☐ Village ☐ City	12 18 20// (Month) (Day) (Year)
	1 00	Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
ây		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) / (Year)
:		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	onstitution and S.9.10 of the Wisconsin Sta G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
i. John vanAmerongen	John S	Street: W3940 COUNTY RD M City: PINE RIVER 21p:54965	Trown SAXEVILE Original City	11 /17/2011 (Month) (Day) (Year)
r Raquel A. Bohn	Roquel & Bohn	sire 29 N Scott 5+ city: Waytoma zip: 54982	Town Village Wautoma	11/18/20 <u>11</u> (Month) (Day) (Year)
Michael Syverson	Mico Syn	street: N4643 28th Court ens: Pine River zip: 54965	Skrown Village City LEON	11 / 19/20 (Month) (Day) (Year)
DAUID GORNY	Dariel Horny	Street: 1929 HENRY STREET City: NETNAH zip: W1	Town Village Strity NEWNAH	11 /22/20 <u>11</u> (Month) (Day) (Year)
FORLE D'SHANKS	On Shuls	Street: W 4498 N. LODGLAKE PD City: WAUPACA Zipr 1005498	Own Village City City	\\\/24\20 <u>[1]</u> (Month) (Day) (Year)
SERRY KOHL	Sery toke	Street: N1096 PENBAUT DR City: MARKO SAN 2519:53946	Town Mack Ford	11 24/20 <u>11</u> (Month) (Day) (Year)
Maggie Hunt-Wilson	MHunt-Wilson	Street: 1 W3165 Avcher Ct City: Pine River zip: 54965	Grown Otille City	// /24/20[1 (Month) (Day) (Year)
John K Wilson	lok Kullon	Street: W3165 Archer Ct City: Pine River zip: 54965	Trown City Saxeville	// 24/20 <u>//</u> (Month) (Day) (Year)
Teffery Conen	Tellen oonen	Street: W3558 Apollo Ln Give Pine River WI Zip: 54965	City Saxville	// /2420_1/ (Month) (Day) (Year)
Theresa Conen	The cone	Street: W3558 Apollo Ln. City: Pine River WIZID: 54965	Town Utiliage Several e	11 /24 /20/1 (Month) (Day) (Year)
Maureen van Ameron (Name of Circu	lator)		Jown of Sax Pine River (Circulator)	WI 54965 Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Audra Eggum	Avara Egsem	street: N5640 30th Rd. City: Pine River, W1 zip: 54965	Town Village City Saxeville	12/06/2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Youreen van Amer	Certification	of Circulator tify): I reside atW3940 County Pd	M Di Di	Sayevilles es WI 549
(Name of Circu ally circulated this recall petition and personally obt	clator) tained each of the signatures on this paper. I know that	tify): I reside at (Circulator's Residence – Street name) the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that fall	v the officeholder named in this petition. I know	Municipality) that each person signed

(Signature of Circulator)

(Month)

(Day)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
-AURIN J. BOUSHLEY	Laum & Bouchley	Street: 138 N. BENNETT City: APPLETON WI zip: 54914	Town Village City APPLETON	/ /5 /20/2 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street:	☐ Town ☐ Village ☐ City	/ /20
•		Street:	☐ Town ☐ Village ☐ City	/ /20
•		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
•		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
•		City: Zip: Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
•		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

ff (Name of Circ	cuiaior)	Circulator's Residence - S	nreet name and Number)	(Circulator Municipatity)
I personally circulated this recall petition and personally of	obtained each of the signatures on this paper. I know that	at the signers are electors of the jurisdiction or district re	presented by the officeholder named in this pe	tition. I know that each person signed
the paper with full knowledge of its content on the date in	dicated opposite his or her name. I know their respective	e residences given. I support this recall petition. I am av	ware that falsifying this certification is punisha	able under S.12.13(3)(a), Wis. Stats.
(Month) / 5 / 20 / 20 / (Year	2 <u>Cartyn Mushon</u>	(Signature of Circulator)		Half (p. Galfria Use Only)
		Participal Control of the Control of		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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ICHAEL ATTERSON	1273 Michael Patheran	Street: 1273 MANITOWOC RD City: MENASHA Zip: 54952	□Viown MENASHA □ Village □ City	///20 <u>/</u> 2 (Month) (Day) (Year)
artard	Rodgerd the born	Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
tarland	Branks	street: 59 Valore Dr City: Appleton WIZip: 54915	Town Village Appleton	13/29/2017 (Month) (Day) (Year)
June Almendals	PO BOX 83 TRENE Almendare	street: P.O. Box 80 City: Menasha zip: 44952	Ovillage Menasha	
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
Brette Brown	Certification (of Circulator ify): I reside at 62 S STARES	Appleton	

UDIPADS (Official Use Only)
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	stitution and S.9.10 of the Wisconsin Statu PURPOSES, WHEN DIFFERENT THAN MUNICIPALE	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
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1. Georgiana Casey	Leorgiana Casey	Street: 115 W. Sunset ave City: appleton W: 21p: 54911	Town City Shand Chute	//2/20/2 (Month) (Day) (Year)	Email
Leon Casey	ReonCasey	Street: 115 m. Sunset Ave 34911 City: Appleton W Zip: 54911	Brown Uvillage Grand Charle	1 /12/20 <u>13</u> (Month) (Day) (Year)	Email Phone
a. Amanda Gosse	amos Gra	Street: 311 S. Kools St #5 City: Appleton, W1 zip: 54914	Town Grand City Gute	1 /12/20 <u>12</u> (Month) (Day) (Year)	Email Phone
4. Brian Sas	Bun X Sons	city: Appledon WI zip: 34915	□ Town □ Village Appleden St.City	$\lim_{\text{(Month) (Day)}} \frac{1}{2012}$	Phone
5. Daniel M Mittig	O. I m mine	Street: 931 Bridgewood Dr. City: Neanah zip: 54956	□ Town □ Village ▼City Neenah	1 /13/2013 (Month) (Day) (Year)	Phone
Daniel L Berg	Same / Berg	Street: 689 S. Oakwood Rd City: OshKosh, WI zip: 05754964	Town Village City Oshkosh	//12/2012 (Month) (Day) (Year)	Phone
Ronald w Zimmer	Kendy W. Zemm	Street: 1816 E Memory Lane City: Appleton WI zip: 54913	la de Maria de l'Olivia de	1/12/20 <u>12</u> (Month) (Day) (Year)	Phone
8. ROBENT YOUN HANN	furt J. Hale	Street: 440 PATRICK ST City: Comp works zip: 5400	Drown Com 3. Willage Com 3. City Locks, WI	/ //2/20 <u>/2</u> (Month) (Day) (Year)	Email
"Julie a Thompson	Quied Thompson	Street: 1238 Fawn Dr. City: Neenah WI Zip: 54956	□ Town □ Village Neenah W!	//2/20/2 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
Jean Haye	Certification o	of Circulator fy): I reside at 426 Iona St.	St ura	eon Bayu	ر (Cii

JuneAn	rating cont	Allel Show	City: Neenah	WI zip. 5	4956 Scity	ceran wi	(Month) (Day) (Year)	Phone
10.		V	Street:		☐ Town ☐ Village		/ /20	Emai
			City:	Zîp:	☐ City		(Month) (Day) (Year)	Phon
-Je an	17 "	Certi	fication of Circulator			_	_	
Je 9v			, (certify): I reside at $\frac{42}{}$	6 Iona S	١.	St ura	eon Bay	wie
		ed each of the signatures on this pape	r. I know that the signers are electors of heir respective residences given. I suppor		resented by the officeholder na	Circulator II med in this petition. I know th	nat each person signed	0.
(Month) / (Day)	2 /20 12		(Signature of Circul)	<u>~</u>			Majd Jise Only)	
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Emily Hulke	Emily & Hulke	Street 3324 S. Pophy Ln. City: Appleton zip: 549 5	Town Village Appleton &	// 29/2011 (Month) (Day) (Year)
Patrick Wallace Antrew Komps	Potach Willace	street: 2716 Beech wood cto city: Appleton zip: 54911	Town Village Appleton CA	1 /08/2012 (Month) (Day) (Year)
	am	Street: 1742 N. Lawe St City: Appleton, WE zip: 94911	Town City Appleton Ch	i /04/2012 (Month) (Day) (Year)
Patrick Mitchell	Saluto Militacke	street: 72 Crestvies 21. City: Agoleton Warp: 54913	Town Village Appleton CP	//8/20 <u>42</u> (Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		City:	Zip:		
0 1 10011	/ Certification	on of Circulator	· · ·	01.1	11
. (ara /// Tohely		certify): I reside at 72 (restirender.	("Itel of	HPPUNDI
(Name of Circul	ator)	(Circulator	's Residence – Street name and Numb		
personally circulated this recall petition and personally obta	nined each of the signatures on this paper. I know	that the signers are electors of the juriso	liction or district represented by the officeh-	older named in this petition. I know tha	t each person signed
he paper with full knowledge of its content on the date indic	ated opposite his or her name. I know their respec	tive residences given. I support this rec	all petition. I am aware that falsifying this	certification is punishable under S.12.13	3(3)(a), Wis. Stats.
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(Month) (Day) (Year)		(Signature of Circulator)		1 00031	. U ¦
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cle XIII, Section 12 of the Wisconsin Con	stitution and S.9.10 of the Wisconsin Statu	ites.		LICADO VICINIA
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Maly P. Derus	Mary B. Dorus	Street: 1000 ME/1050 OF City: Laukauna Ut 250: 54130	Town Village Yuykaulla	(Month) (Day) (Year)
MARYS HAGUE	man & Hague	Street: LOOD DESNOYER ST City: KAUKAUNA ZID: 54130	Town Village Kaukauna	12/19/20// (Month) (Day) (Year)
Ginabritten	Mina Britten	street: 1003 Melvose Ct.	Town Village XCity Kaukauya	/ /09/20 <u>/2</u> (Month) (Day) (Year)
DAVID BELONGEA	Dano Belongeo	Street: [100 N BALLARD RD City: APPLETON zip: 54911	Town Village Appleton	
Sne Van Abel	Six & Nandbal	Street: 493 CoRd CE City: Kankaune zip: 54130	Town Village Nolland	////20/2 (Month) (Day) (Year)
Haley Boreson	Haly Boreson	Street: 971 Van St Chy: Kaukauna zip: 54130	XTown Village Holland	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Toban Terrio	Toban Territo	Street: Q23 W. LAWERENCE ST. City: APPLETON Zip: 54911	Town O'village APPELTON	/ / / / 20 <u>12</u> (Month) (Day) (Year)
Chris Britter	co Bitt	Street: 1003 Melrose CT City: K Cu K Cu N Cu Zip: 54130	□ Town □ Village □ City Kuckuru	/ // /20 <u>/2</u> (Month) (Day) (Year)
CAROL A. ZEELAND	Carol a. Van Geeland	Street: W/208 County Rd JJ City: KAUKAUNA, WD Zip: Suff/30	ATown of Village City Kaukanna	(Month) (Day) (Year)
O. JOHN VAN ZEELAND	John Van Zeeland	Street: KAUKAWWA WI 54/30 City: (1 c/ zip:	City KAUKAINA	//2/20_/3 (Month) (Day) (Year)
Mary R. Devus	Certification (ify): I reside at BOOMP 105ECT, KUNGUU	4. WI - Kankaya	la
(Name of Circulant	fined each of the signatures on this paper. I know that t	(Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the residences given/I support this recall petition. I am aware that falsify	ne officeholder named in this petition. I know	r Municipality) v that each person signed (2.13(3)(a), Wis. Stats.

(Day)

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Joan R. Sheller	Soul Stelles	Street: N2693 Edgewood Drive City-New London 249: 5496	Village V	12/05/20 <u>11</u> (Month) (Day) (Year)
Joan R. Shelley Rodger & Shelley		Street: N2L93 FOGE WIND Prid	☐ Village	12/05/20_11 (Month) (Day) (Year)
hooger Garelley	Kolge Stanly	Street: 115 W. Reckert & #21	□ Town	(Month) (Day) (Year)
Michos Schulks		City: N6WLOW20N 21p.5496)	City NEW LOWS	(Month) (Day) (Year)
onnie M Bellin	Immie MBellin	City: Shiocton Zip: 54170	Town Village City Shiocton	12/28/20_11 (Month) (Day) (Year)
Mary Feistel	Quantity the	street: 548 Frances Street City: Kaukauna zip: 54130	☐ Town ☐ Village	12/29/2011 (Month) (Day) (Year)
	The same of the sa	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20
	· · · · · · · · · · · · · · · · · · ·	City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
	A COMPLETE A CONTRACTOR OF THE PROPERTY OF THE	Street:	☐ Town ☐ Village ☐ City	/ /20

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Mitchell Rody	Mitchell Rods	Street: 2120-7 Henry St City: Necnah zup: 54956	(indicate Town, City, or Village) ☐ Town ☐ Village ☐ City	/ 7/20 <u> </u> (Month) (Day) (Year)
helsen Nus	Harr Alu	street: 2120-7 Henry St.	☐ Town ☐ Willage ☑ City	11/17/2011 (Month) (Day) (Year)
Linette Nys	Linette Ny	street: 310 Pine St City: Neenah zip: 54956	□ Town □ Village	[[/[7/20]] (Month) (Day) (Year)
Katie Neubauer	Katie Wentsaur	Street: 124 VIIIa Dr. City: Neenan zip: 54956	DeDown U Village	12/23/2011 (Month) (Day) (Year)
Patricia I Nambana	Patrice Neubour	street: 124 Villa DI- City: Neenah zip: 54956	□ Village □ City	\2 /23/201\ (Month) (Day) (Year)
Jeff Nys	Left Nys	street: 310 Pine St City: Neenay zip: 54956	☐ Town ☐ Village ☐ City	/ / 4/20/20 (Month) (Day) (Year)
1		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Jeff Nus	Certification	1000	Neenal	1 Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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ara Vosters	Solven	street: 1230 & Pershing St.	Town O'llage Appleton	Ol /12/2012 (Month) (Day) (Year)
Sarah Ney	Darol Mu	street: 1641 S. NICO/et Rd City: Appleton Zip: 547/	Trown Grand Grand City Chute	O // (2/2012 (Month) (Day) (Year)
LAVID HENDRICKSON	David Handrick	Street. N.5399 FRENCH RD.	VTown □ Village □ City OSBOR N	(/12/20/2 (Month) (Day) (Year)
Steven Meykak	Steven Meyer	Street: 1776 Wood agak LN City: Necmah zip: 54956	Stown Village City Merkasha	Ol/12/20_12 (Month) (Day) (Year)
Teri Meylink	Geria. Meylink	street: 1176 Woodgate Ln city: Neenah zip: 54956	¥Town □ Village Menasha	1/12/20 <u>12</u> (Month) (Day) (Year)
Debra Gylund	Dela A. Gylund	street: NIS95 North Rd city: Greenville WI zip: 54942	Trown Utillage Greenville	//2/20 <u>1</u> (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
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0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
NATHELEE BOWMA	Certification	<u> </u>	24.DR 011. of	Appletor

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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erald L. Winters	Gerald & Winters	Street: 825 John St City: Mentsha zip:54952	Town Menashavillage PFSON School	/2/2/20_[] (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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U 3 gae yo. (Official Use Only)
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Email

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1elody Brouchoud	Melida a. Brouchond	Street: Walso Mallard Lane City: Freedom zip: 54130	BTown Village Freedom	(Month) (Day) (Year)
· · · · · · · · · · · · · · · · · · ·	1 9 8	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		City: Zip: Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
arlotte Zielinski	Charles Michigan	Street: 140 Gregor Court City: Apolyton Zip: 54915	ÉTown □ Village □ City	(Month) (Day) (Year)
		Street: 1045 London St. City: Menasha Zip: 54952	□ Town □ Village □ Ci ty	11 /28/20_1) (Month) (Day) (Year)
irley Zielinski ames Zielinski	James Zielinski	street: 1045 London St. City: Menasha zin 254952	□ Town □ Village □ City	11 28/2011 (Month) (Day) (Year)
t Zielinstai	mo Julia	Street: 100 E Pauline 51- City: Apple ton zip: 54911	□ Town □ Village □ City	12/25/2011 (Month) (Day) (Year)
an Kramer	Daniel R Frames	Street: 1710 Noneida City: Appleton zip: 54911	□ Town □ Village □/City	12/25/20 <u>15</u> (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) / (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
ike Zielins	Certification	C.C.	Appl	e ton

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MOTION THE PROPERTY OF THE		TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNI	VOTING	DATE OF SIGNING
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
nichael LZielinski	Milled & flevier	Street: 140 Gregor C+ City: Applefen w = 21p: 54915	Town Utillage Menosha	// /35/20// (Month) (Day) (Year)
eatt William	- n: //	Street: 1800 Vandenbunek City: Little Chuteuten: 54140	Town Willage City Chute	// /25/20 11 (Month) (Day) (Year)
Paul Pelkey	Paul Pelling	Street: 201 & dodge St. City: KAUKAUNA Zip: 54130	Town Village Graffy KAUKauna S.W.	11 / 28/20 11 (Month) (Day) (Year)
Travis Hollingsworth	Travil Holligword	Street: 206 Joseph Ct APt 6 City: Neerah W.S. zip: 54956	Town Village Pelnah	01/11/2012 (Month) (Day) (Year)
Jason Wickesberg	J	Street 2026 N Richmond St City: Appleton Zip: 54911	Town Utillage City App Leton	(/(/2012 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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•		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
(Name of Circularly circulated this recall petition and personally obtains with full knowledge of its content on the date indicate.)		of Circulator tify): I reside at 1800 Vandenbroek	RO Liftle	chute (unicipality)

(Signature of Circulator)

(Day)

(Month)

(Year)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	JTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.]_
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Karenkapocius	Kaurkapun	Street: 1202 N. Appleton St City: Appleton W1 Zip: 5491t	Town Village Aprelon	23 /20_[(Month) (Day) (Year)	Phone
Daniel S. Mihalo	Daniels Mihalo	street: 1526 N. Division St.	Town Village Appleton	(Month) (Day) (Year)	Email Phone
Joseph Gimenez	July	Street: 1707 S Perkins St City: Appletum WIZIP: 54914	Town Village Applebon	17 / 21 / 20 11 (Month) (Day) (Year)	Phone
JERRY JACKSON	Jey Jacksu	Street: 2700 W. COLLEGE AUE. STE. 9-13 City: APPLETON; WI zip: 58914		12/31/2011 (Month) (Day) (Year)	Phone
inda Keller	Anda Doller	Street: 1040 E MODEPARK AVE City: APPLETON W Zip. 54911	Town Village App le lo m	12 /31/2011 (Month) (Day) (Year)	Email Phone
CLARENCE DAEBLER	Clouve Sulle	Street: 4500 French RL City: Appl WJ zip: 54913	Town Oily Crand City Chule	12/31/20 <u>[[</u> (Month) (Day) (Year)	Phone
Bonnie Darbler	Bonois baller	Street: 4568 french Pd City: Appl W. zip: 511913	Town City Grand Chute	(Month) (Day) (Year)	Phone
8. Kristina Rickert	Mustoko	street: 4500 N. French Rd City: Appleton wt zip: 54913	Town Orand chute Ocity		Phone
"Angelica Rickert	Angere Freht	Street: 1221 S. Youllyke RJ 18 City: Appleton Zip: 54914	Town O Village Appletan	1/1/20 <u>12</u> (Month) (Day) (Year)	Phone
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
	Certification			_	
Call > R.V.	+	internal Colonia	د ۱ م	ه 4 ا د	

(certify): I reside at 4500 french RC Gerula Mil Ker L Grand Chull (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) ally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator) (Day) (Year)

Circulators Phone

Email

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RICKY J. WEYENBERG	Ricky Mexerbey	Street: 204 LAKESHORE DR. City: HORTONVILLE Zip: 54944	Town Stillage City HORTONVINE	// // 20 <u>//</u> (Month) (Day) (Year)	Email • Ent Phone
JAMES J. POWELEIT	found Poulet	Street: 207 LAKESHORE PR City: HORTONVILLE Zip: 54944	Town Original HORTONVILLE	// //7/20// (Month) (Day) (Year)	Phone
3. PETER J. WEYENZERG	PHM	Street: 1346 W. CAMMERCIALST. City: APPLETON WI Zip: 54914	Town Village APPLETON	/22/2011 (Month) (Day) (Year)	Phone (
Elizabeth Ebben	Eliabeth Ebba	Street: 2640 Sunnyview Cr. City: Application WIL zip: 54914		12/08/20/1	Phone (
5. Shirley Grosskop	Bhiley Gustod	Street: 787 EGSY ST City: FREMONT Zip5+940	Town Village City	(Month) (Day) (Year)	Email Phone (Email
6. Comily Vander Wyst.	EmilyVanderbyst	Street: City: Zip:	☐ Town ☐ Village City	/ /20(Month) (Day) (Year)	Phone (
	Emily Vander Wyst	City: Appleton Wisizap: 54911	Town O'llage APP(E'OW	/2/3/20/(Month) (Day) (Year)	Email Phone
0.	0 41	Street: 115 Winnebag o ST. City: Appleton Wis zip:54911	Town Dillage APP(ETON	/2 /3/20 <u>//</u> (Month) (Day) (Year)	Phone
LISA ANGOTTI	Swa angotto	Street: 2858LAWRENCE PRIVE City: DEPERE Zip: 54115	STOWN City LAWRENCE	12/15/2011 (Month) (Day) (Year)	Phone
10.	Aded & Opense	Street: 2910 Elm Lans City: Waspers 411 zip: 54566	B.Town U a 5 ena □ City	/ 2 / 3 //20/1 (Month) (Day) (Year)	Email Phone
C (1 2 P. 12	/ Certification of	/ /		1 1 2	· -
Garald Ricke	, (6614	fy): I reside at 4500 French KL (Circulator's Residence - Street name an	d Number) Crawl Circulator	Municipality)	Circ

(Month)

(Day)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this repail petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

Email

Phone

Email

THE MOTHER TELEFT CODE FOR MATERIAL	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
irley Bromberg	Shirley Gromberg	Street: 1701 Apt, B. Midway PL. City: Menasha Zip: WI 5492	Town Village City Menashb	12/1/20/16 (Month) (Day) (Year)
Gregorius	Jonne Hiegories	Street: 1701 Apt. B. Midway PL. City: Monasha zip: WI5492 Street: 1701 apt. C. Midway Pl City: Monasha W/ zip: 34952	□ Town □ Village City Menusha	12 01 20 1/ (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year) (Month)

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Mark A. Brault	Maffer	Street: 9/8 Channel Tinnel CT City: Careen Bay Zip: 543/3	Drown Howard City	// // /20// (Month) (Day) (Year)
June for	Truck Par	Street: 210 W/ BREWSFER City: Appliation Zip: 54941	Town Myleson	////20// (Month) (Day) (Year)
tour the theorems of	Chiefel (2000)	Street: W6334 RAV. UE COURT COURT 1000544 W1 21p: 54952	□ Town □ Village □ City Menasho	(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Mounth) (Day) (Year)
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		Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20

, (certify): I reside at _______ (Circulator Municipality) (Name of Circulator) (Circulator's Residence - Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Signature of Circulator) (Month) (Day)

Circulators, pl

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		TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	VOTING MUNICIPALITY OF RESIDENCE MUST ALWAY VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
STRIPIA A FTHEO.DO	Q4	Street: 595 E. Dirician St.	Town Utilage Total during	12/1/20 <u>1(</u> (Month) (Day) (Year)
TO THE TOTALLO	- Votricea UE theredge	city tond du hacs zip: 54935	Fond du Lac	
heryl E. Pritzi	Cherye & Prite	Street: 375 & Durium St. City: Fond du Lac zip: 54935 Street: 2603 S Matthias St. City: Appleton zip: 54915	Village Appleton	12/19/20 <u>11</u> (Month) (Day) (Year)
	7	Street:	□ Town	/ /20
		City: Zip:	☐ Village☐ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	City	(Month) (Day) (Year)
		Street:	□ Town □ Village	/ /20
		City: Zip:	City	(Month) (Day) (Year)
		Street:	□ Town □ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
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	•.	Street:	□ Town □ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
23 .	Certification of	of Circulator		
Catherine y. Etheridge.	e, (certi	fy): I reside at 232 Edgewater Or (Circulator's Residence - Street name an	Menasha	Municipality)

(Month)

(Day)

(Year)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	Statutes. CIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE	MUNICIPALITY OF RESIDENCE MUST ALV	VAYS BE LISTED.
TODD Wallner		STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCI (Indicate Town, City, or Village)	
	Todd Walker	Street: 311 Lyon St.	Town Village W:SCON 5:4	11 /22/2011
54 \ L:	(,)	Street: 562/ Boulden CR.	S RCity Rapids	(Month) (Day) (Year)
S)	Man Cut	Chy. Wis. Rep. ds, WI zip. 5449	— □ Village	///25/20/1
Stacy Lerby	Staryheren	Street: 1811 24th St N.	T Town	
BARRA (1)	2 (1) 8	street: 5352 CTURANT		(Month) (Day) (Year)
HUMAN	Ventte	City: WIL Rap: le Zip: 5449	Village Sigie	///25/20// (Month) (Day) (Year)
mes Sehnender	Tredeit 7/1	Street: 5034 County Rd. M	Ø Town	+
	1 - D	city: Junction City zip: 54443 Street: 330 Zoth STN		12/14/20 <u>11</u> (Month) (Day) (Year)
MES DEHNEIDER	famo Afrima	CHY. WISE. RAPIDS ZID: 54494	□ Town □ Village Bacity Wise Rapios	////20/2 (Manth) (Day)
		Street:	□ Town	(rear)
		City: Zip:	□ City	/ /20
		Street:	☐ Town ☐ Village ☐ City	/ /20
		Zip:	□ Town	(Month) (Day) (Year) P
		City: Zip:	□ Village □ City	/ /20 PI
		Street:	☐ Town ☐ Village ☐ City	/ /20
nes Schneiben	Certification o	f Circulator	- Cay	(Month) (Day) (Year)
(Name of Circulator	r), (certif	(Circulator's Residence – Street name and esidences given. I support this recall petition. I am aware that falsifying	Number) Wise RAPIDS W	Z 54494 unicipality)

(Signature of Circulator)

Email

Jami

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	۱ <u> </u>
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
RAMONA SIEGEL	Ramona Siegel	Street: 3010 3 No St. S. City: Wi3. Rapids 21p: 54494	□ Town □ Village City	// 34/20 <u>1/</u> (Month) (Day) (Year)	Phone (
FRED SIEGEL	Fred Siegel	Street: 3010 - 3 89 ST. SO- City: Wis 1848108 Zip: 54494	☐ Town ☐ Village ☑ City	// /24/20// (Month) (Day) (Year)	Email Phone
3. Scott Olsen	SACL	street: 1148 Jenifer St # 1 City: Madison zip: 53703	☐ Town ☐ Village ■City	11 /24/20_11 (Month) (Day) (Year)	Email Phone
Andrea Siegel	andra Scar	street: 4418 forkingham City: Janesville zip: 53546	□ Town □ Village ■ City	[2/25/20] (Month) (Day) (Year)	Email Phone
SHANE SKEGEL	San Juga	Street: 4418 Rocking nam Or CHY Janesville Zap: 53546	□ Town □ Village City	2011 (Month) (Day) (Year)	Phone (
LANA L. SIEGEL	Lana L. Siegel	Street: 5321 GRASSMERE DR. City: WISCONSIN RAPIDGID: 54494	Town City GRAND RAPIDS	/2 /25/20// (Month) (Day) (Year)	Email Phone
Sarah Siegel	Sarah Sugo	5271 Paraccionara AVIVA	Trown Village Grand Rapids	12/25/20/11 (Month) (Day) (Year)	Phone (
Ronald J Siegel	Ronald Legis	Street: 532/ Grassmere Prive City: Wis Rapids zip: 54494	Town Uvillage Grand Rapids	/2 /25/20// (Month) (Day) (Year)	Email Phone
Georgia Groholski	Leoigia Geobolshi	Street: 12541 87+h St. 50 Chy. Wis. Rapids WI zhp. 54494	Stown Uvillage City Grant	////20/2 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Email Phone
	Certification of				
\a.a		22- 2- Ru Cal	1/10 7 2000	1.1 11.10.1	

4.	A. 1 C. 0	street: 4418 Rockingham	☐ Town ☐ Village	12/25/2011	Email
Hodrea Diegel	I Mala X cod	city: Janesuille zip: 53546	- City	(Month) (Day) (Year)	Phone (
5.	COOK	Street: 4418 Rocking nam Or	☐ Town ☐ Village	12/25/2011	Email
SHANE SKEGEL	Han Sugar	Chy Janesville Zup. 53546	City	(Month) (Day) (Year)	Phone (
6.		Street: 5321 GRASSMERE DR.	M Town ☐ Village	12 /25/20/11	Email
LANA L. SIEGEL	Lana L. Siegel	CHY. WISCONSIN RAPIDGIP: 54494	City GRAND KAPIDS	(Month) (Day) (Year)	Phone (
7.		street: 5321 Grassmere Orive	Stown City Grand Rapids Town	12/25/20/11	Email
Sarah Siegel	Shak suge	CHYLUISCONSIA Rasidgus 54494	city Cirand Rapids	(Month) (Day) (Year)	Phone (
8.		Street: 5321 Grassmere Drive	Town Utiliage	12 /20/1	Email
Konald J Siegel	Koneld Legel	City: Wis Ranids Zip: 54494	City Grand Rapids	(Month) (Day) (Year)	Phone (
9.	100	Street: 12541 87+h St. 50	Town Uillage	1 /1/20/2	Email
Georgia Groholski	Leoigia Licholshi	Chyllis. Rapids WIzIp: 54494	City Grant	(Month) (Day) (Year)	Phone (
10.		Street:	☐ Town ☐ Village	/ /20	Email
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone (
	Certification of		<u>-</u>		
JAMES SCHNEIDER	, (certi	fy): I reside at 330 Zohn STN	Wise RAPIUS, L	UI 54494	Circulator
(Name of Circul	lator)	(Circulator's Residence – Street name and		4 7.	Phone
e namer with full knowledge of its content on the data indic	amed each of the signatures on this paper. I know that the	he signers are electors of the jurisdiction or district represented by the	or this contification is punishable under \$ 12.1	2(2)(a) Wie State	

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Article XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin Stat	utes.			
THE MUNICIPALITY USED FOR MAILIN	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. William Mager	Water Magy	Street: 1020 County Rd C City: Rudolph WI zip: 54475	Trown Village Rudole 4	12/14/20 <u>11</u> (Month) (Day) (Year)	Email Phone
2. Robert Klish	Robert Klish	Street: 3311 85th Street Louth City: Wisconsin Ropidszu: 54494	Town Village City Cront	12/15/2011 (Month) (Day) (Year)	Email Phone
3. Marcella Klish	Marcella Klish	Street: 3411-85 th St. So.	Town Village City	12/15/2011 (Month) (Day) (Year)	Email Phone
Lawrence Klish	Jauren Wlists	Street: 1/10-21 = 5+, No City: Wisconsin Repids Zip: 54494	Town Village Recity Wiscorsin Repils	/2/)5/20// (Month) (Day) (Year)	Email Phone
Lori Goodwin	Lori Soodini	Street: 940 and St.N. City: W.R. zip: 54494	Drown Village City Wisconsin Repids	/2 //6/20// (Month) (Day) (Year)	Phone (
Cheryl A.Klish	Cheryla Klish	Street: 3311 85% ST. S'O. City: WI. RAPIDS, WI Zip: 54494	Town Village City City	12/F7/20 <u>H</u> (Month) (Day) (Year)	Phone (
Leon Klish	Leon Klish	Street: 3311 85th St. So. City: Wisconsm Rapids Wt. 54494	Trown O Village City Crant	1 /8/2012 (Month) (Day) (Year)	Email Phone
8. Mark Chamberlin	mark Chamberlin	Street: 2311 Bridle Path City: Wisconsin Rapids Zip: 54494	Unillage Wiscensia Rapids	1/9/2012 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone (
Lody Lzappa	lock zern	Street: 310 17th Ave S CHY: Wisconsin Rapids WI ZIP: 54495	Town Village City Wisconsin Repids	(Month) (Day) (Year)	Email Phone
Leon Klish		of Circulator (y): I reside at $33//85^{+4}$ $57-50$	Wisconsin	Rapids	Circulate

			" Certific	ation of Circulato	r ·				
, Leon	Klish			, (certify): I reside at	3311	85+4	ST-SO	Wisc	onsin Rapids
	(Name oj	f Circulator)			(Circulator's Re	esidence –	Street name and Number)	. (0	Circulator Municipality)
personally circulated	this recall petition and person	ally obtained each of the sign	natures on this paper. I l	snow that the signers are elected	ors of the jurisdiction	n or district i	represented by the officeholder	named in this petit	ion. I know that each person signed
he paper with full know	wledge of its content on the d	ate indicated opposite his or	her name. I know their	respective residences given. I s	support this recall pe	tition. I am	aware that falsifying this certific	cation is punishabl	e under S.12.13(3)(a), Wis. Stats.
	// /20	0_12	Leon "	Klish			· -	ļ	Page No. (Official Use Only)
(Month)	(Day)	(Year)	•	(Signature of C	irculator)			0	<u>9925 </u>

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
COLLEEN STELZER	Calle Step	Street: 5631 WAZEECHA AUE City: W. RAPIOS, W. Zip: 54494	Town GRAND LAPIDS City	11 / 28 / 20 11 (Month) (Day) (Year)	Ema
M 1 / 0 0	ma 1 1 2 2 .	Street: 2341 Chase St.	□ Town □ Village □ Village	// /28/20//	Ema
Michael R Giese	Michael K Diese	Street: W2841 CTV 14	Wis Rapids Perown		Emai
Rogen Garbisch	Roger Darbisch	City: Granton zip: 54436	☐ Village	1(28 20 1(Phon
Brystal Giese	Crystal Sim	Street: 2341 Chase St. City: We Rapeds W1 zip: 54495	□ Town □ Village KCity Wis Rapids	11 /29/20// (Month) (Day) (Year)	Emai
DUSTIN DANDERANDE	Deesten Jande Jande	Street: 201 LAKE ST City: WAUPACA zip: 54981	Town Village VAUPACA	12 /7 /2011 (Month) (Day) (Year)	Emai
DAVID STELZER.	Sail to	Street: 5631 WAZEECHA AUE City: WI. RAPIOS WI Zip: 54494	Grown Oillage City GROWD LAPIOS	13/19/20/11 (Month) (Day) (Year)	Emai
STEVE RACEK	SOR	Street: 322 \ CAMPSITE DR. CHY: STEVENS POINT ZIP: 54182	□ Town d Village	/ / (/20/2 (Month) (Day) (Year)	Emai
		Street:	□ Town □ Village □ City	/ /20	Emai
		City: Zip: Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Emai
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Emai

	1			 	- "
3.	1 0 0	Street: W2841 CTY H	Town Village	11 /28/2011	Email
Rogen Garbisch	Kozer d) arbusch	City: Granton zip: 54436	City York	(Month) (Day) (Year)	Phone (
4.		Street: 2341 Chase St.	☐ Town ☐ Village	n/29/2011	Email
Crystal Ciese	Crystal Drin	city: Wi Reports W/ Zip: 54495	City Wis Rapids	(Month) (Day) (Year)	Phone (
5.	7	Street: 201 LAKE ST	□ Town	12 /7 /2011	Email
DUSTIN VANDE LANDE	Dustin Vande Jande	Chy: WAUPACA Zip: 54981	City WAUPACA	(Month) (Day) (Year)	Phone (
6.		Street: 5631 WAZEECHA AUE	Frown	12/9/20/11	Email
DAUID STELZER	Sa. 6	City: WI. RAPIOS WI Zip: 54494	City GRAND LAPIOS	(Month) (Day) (Year)	Phone (
7.		Street: 322 CAMPSITE DR.	☐ Town	1/4/20/2	Email
STEVEKAKEK	AB//	CHY: STEVENS POINT Zip: 5482	□ City Devey	(Month) (Day) (Year)	Phone
8.		Street:	□ Town	/ /20	Email
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone (
9.		Street:	□ Town	/ /20	Email
		City: Zip:	☐ Village☐ City	(Month) (Day) (Year)	Phone (
10.		Cuy: Zap. Street:	□ Town	/ /20	Email
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone (
	Certification o		1		
LATER WARRE			So Down		
(Name of Circul		fy): I reside at Circulator's Residence - Street name and		[unicipality)	Circulator:
personally circulated this recall petition and personally obta	ined each of the signatures on this paper. I know that the	ne signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know the	at each person signed	Phone
	ated opposite his or her name. I know their respective h	esidences given. I support this recall petition. I am aware that falsifyi	,		Email
/ / / /20 / 2	250 110		Page No. (Of	ficial Use Only)	

(Signature of Circulator)

(Month)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Kevin SANTRY	he Sect	Street: W 2606 Aspen Court City: Appleton WI zip:54915	Town Hpp Leton	(Month) (Day) (Year)
Meghan Buckman (July -	Street: 2885 Geten (reek P) #12 City: Grand (hute, W) zip: 54914	Village Grand Chrre	/ / 1 / 20 1 2 (Month) (Day) (Year)
MANCY KEMPEN	Hanry Kempen	Street: 4924 Melman C+ City APPLETON WI Zin: 54913	Pown Utiliage City GRANDCHUTE	1/12/2012 (Month) (Day) (Year)
VANCY KEMPEN SWIT GYGAX	Sion 800	Street: 2603 N. BIRCHWOOD AVE City: APPLETON Zip: 54914	Town Village Appleton	// 12/2012 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
1	Certification of	of Circulator tify): I reside at CFO FIOWENS Mill (Circulator's Residence – Street name and	Α	

(Name of Circulator)

(Name of Circulator)

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Signature of Circulator)

(Signature of Circulator)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Street	Jeremy Hodges	Jey of	street: 804 W. Brewster St. City: Application Zip: 54914	— □ Village ∧	
Street: Town			Street:	□ Town □ Village	, ,
Street: Town Village Village Village Village Villa			Street:	—— □ Village	, , , — ₁
Street: Town Village City C	·		Street:	☐ Village	, , , (
Street:			Street:	— □ Village	, , ,
Street: Town				── □ Village	' '
Street: Town			Street:	— □ Village	' '
Street: Town / 20			Street:	— □ Village	' '
Street: Town			Street:	— □ Village	, , , — ₁
The state of the s				☐ Village	' '

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Day) (Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Lorraine Schroffer	2 Forraine Schroepfr	Street: 2218 5 JACKSON ST CHY: APPLETON WI ZIP: 54915	Town Village Appleton	(Month) (Day) (Year)
James Schoelles	J-5dm	Street: 617 SCARlet DAY CT City: Appleton WI zip: 54915	Town Village Appleton	//3/2012 (Month) (Day) (Year)
Lori Schoelles	Gori Schoelles	street: 617 Scarlet Oak Ct. City: Appletm WI zip: 54915	Town Utillage City Appleton	//13/20 <u>l6</u>
REID HOLDORF	Seid Holder	Street: W8065 Hill crest Ct- City: Horton ville zip: 54944	Town Village Greenville	01/13/20/2 (Month) (Day) (Year)
DANIEL J. VAN GOMPER	David J. Va Gongel	Street: W4855 COUNTY RD, O City: APPLETON WI zip: 54913	CENTER	Ol /13/20/2 (Month) (Day) (Year)
Elaine Van Gompel	Elaine Van Longel	Street: W4865 County Road O City: Apoleton zip: 54913	Town Village (exter	0 / /13/20] (Month) (Day) (Year)
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20

			City:	Zip:		
9.			Street:		☐ Town ☐ Village	/ /20
			City:	Zip:	□ City	(Month) (Day) (Year)
10.					□ Town	/ /20
			Street:		☐ Village☐ City	/ /20 (Month) (Day) (Year)
			City:	Zip:		(May) (Fall)
21		Certification	on of Circulator	-1	11.10 5 6	12
GEVE LI	alucon		(certify): I reside at 1667) Howers Mi	11 Drive Grav	rd Rapids Tov
	(Name of Circula	ator)	(Circulo	ator's Residence – Street name a	nd Number) (6	Circulator Municipality)
personally circulated this recall	l petition and personally obtain	ined each of the signatures on this paper. I know	that the signers are electors of the ju	urisdiction or district represented by the	he officeholder named in this petit	ion. I know that each person signed
e paper with full knowledge of	7 17	ated opposite his o her rame. I know their respec	-	recan petition, i am aware that faisir	·	
//	<u>> /20 </u>	- week	(Signature of Circulator)		 ' ₍	Page No. (Official Use Only)
(Month) (D	Day) (Year)		(Signature of Chodiator)		\ \	J₩ <u>UJ4J</u>

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Josh Mischler	Josh Muse	Street: W1651 Edio Valley Rd. City: Kankanna zip: 54130	Strown Freedom City	01/13/20 <u>12</u> (Month) (Day) (Year)
2. Robert J. Mischler	Robert & Mischler	Street: W1451 Echo Valley Kd CHY: Kavkavna Zip: 5413	Trown Usillage City Freedom	/ /3/20/2 (Month) (Day) (Year)
3. Bradley Eward+	Bruly 7. 2 w	Street: 1100 E Nawada St. City: Appletia Zip: 54911	Town Village Appleto	o i //3/20_/2 (Month) (Day) (Year)
Michael Stickney	Mile Streky	Street: 2927 W. Sunset Ave City: Appleton WI zip: 54914	Town □ Village □ City Grand Chite	//3/20/2 (Month) (Day) (Year)
Christie Tonies	aliti 1	Street: 4584 N-Windows Dr City: Apputon zip: 64913	Town Utillage Appleton	/13/2017_ (Month) (Day) (Year)
"los Schmips	Your	StrebU4786 T926/1WO CT City##83H#82WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	□ Town M Village □ City	J/\32012 (Month) (Day) (Year)
"Rhys Huzdas		Street: 1675 Drum Corps Dr 37 City: MENASHA Zip: 54952	□ City	\\\\/\3\/20_12\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8. Mary Rugger	Mary Rugger	Street: 1715 ENLUBERTY ST City: Appleton 25,54915	Town Appleton City	1 /13/2017 (Month) (Day) (Year)
9. Donna Diermeier Landover	Dome Din Char	Street: N4527 MEADE St City: Apple fon zip: 54913	&Town ☐ Village ☐ City	i //3/2012 (Month) (Day) (Year)
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Charles	Certification		1	2 1 7
Steve Lowson (Name of Circul sonally circulated this recall petition and personally obta	lator)	ify): I reside at Circulator's Residence – Street name an	d Number) (Circulator I) c officeholder named in this petition. I know to	Replace Municipality) hat each person signed

the paper with full knowledge of its content on the date indicated opposite his or her hams I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

9

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

			VI. THE TURNE OF THE MC	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR Rural address must also inc		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. AmyKay	Amythay	Street 200 E Clear F	ieldln zip.54913	Town Village Apploton — Town	(Month) (Day) (Year)
2.		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

icle XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin Statu	utes.			
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
CAeole	Cause	Street: 3530 N STORYST	Town GRAND Utillage City UHUTE	// /2//20//	Emai
SCHROEDER	Schwedu	City: APPLETON Zip: 54914	1000 CA 0/2	(Month) (Day) (Year)	Ema
Barbo Minchest	Davarer	Street: 2156 Cottonwood Dr City: Menasha zip: 25499	Drown Dillage Menasha	\\\ \/ \& \ /20 \(\lambda \) (Month) (Day) (Year)	Phon
Laurie	BunkVanege	Street: 1873 Brookfield D	Town Village Mc Casha	11/24/2011	Ema
Krueges	The second second	city: Neenah zip: 54956	Licity	(Month) (Day) (Year)	Ema
Ruderson	Ruth ANGERSON	Street: 1226 Berlin St. City: Wawaca zip: 54981	Doity Way man	/ /20(Month) (Day) (Year)	Pho
marry minchest	Marnyrrucher	Street: W4791 Hrckory Hills City: Chi How W. E. zip: 53014	Trown Village Chi How	(Month) (Day) (Year)	Ema
Jeff Kruger	JN 13-2	Street: 1873 BROOFFIELD dr. City: MENASHA Zip: 54956	City Menas 44	/ 3 / 3 // 20 // (Month) (Day) (Year)	Ema
Dan Minchall	7-11-11	Street: 2156 CoHon Wess Dr City: Menasha Zip: 54952	□Town □Village ☑City Menasha	/ 2/20 <u>12</u> (Month) (Day) (Year)	Ema
<u>, </u>		Street:	☐ Town ☐ Village ☐ City	/ /20	Ema
***************************************		City: Zip: Street:	☐ Town ☐ Village	/ /20	Ema
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Badara Minchest	Certification (of Circulator fy): I reside at2156_CoHonwood	1Do Cations	Menush	2

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10.		Street:		☐ Town ☐ Village	/ /20
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I, Badana Min	ncheto	, (certify): I reside at	2156 Cottonwoo	1 Do C	atumat Menasher
	Name of Circulator)	, ,	Circulator's Residence – Street name a	md Number)	(Circulator Municipality)
I personally circulated this recall petition an the paper with full knowledge of its content	nd personally obtained each of the signature t on the date indicated opposite his or being	s on this paper I know that the signers are electors ame. I know their respective residences given. I sup	of the jurisdiction or district represented by t port this recall petition. I am aware that falsi	he officeholder named in this fying this certification is punis	petition. I know that each person signed shable under S.12.13(3)(a), Wis. Stats.
1 /3	_/20/2	MANA		 :	Page No. (Official Use Only)
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Phone Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
avid Blurton	Went liter	siret: 825 Terra Cotta Dr. City: 1200 Neenah 210:54956	Down Deenah Octy		Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
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	TI Dua	ran	, (certify): I reside at	35 Cuprinas	Lave 100	on of Neeman
personally circulated	(Name of Circ this recall petition and personally of	ptained each of the signatures on this pape	er. I know that the signers are electors of	irculator's Residence — Street name the jurisdiction or district represented by	the officeholder named in this net	(Circulator Municipality) ition. I know that each person signed
re paper with full kno	wiedge of its content on the date inc	licated opposite his or her name. I know t	heir respective residences given. I suppor	rt this recall petition. I am aware that fals		
(Month)	$\frac{207}{\text{(Day)}}$		(Signature of Circula	tor)	—— ¡U!	Pale Yo Gofficial Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	NCPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
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Michael J Mc Nal	I mill & Me and	Street: 498 Mupilehn City: Neench zip: 54856	O City Neenah	//20/2 (Month) (Day) (Year)	Email Phone
Michael J McVal. Lawren Emericker 3. Darlene P. Hengels	Jan Enki	Street: 684 Yorkshirl fd City: Nelnah zip: 54956	Town Village Neonal	1/12/2012 (Month) (Day) (Year)	Email Phone
Darlene P. Hengels	Darlene A. Hengelo	Street: 1179 W. Ceci 15+ City: Neenah zip: 54956	Town Village Neenah	1 /12/20/2 (Month) (Day) (Year)	Email Phone
		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
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7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| 1 | 12 | 120 | 12 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 12

Phone Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	NICIPALITY OF RESIDENCE MUST ALWAY:	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Bernie Hensels	Butt	Street: 1179 W. CECIC City: NEEVAH Zip: 54956	Town Village Poity See JaH	//2/20_/Z (Month) (Day) (Year)	Emai
2. Joanne Suxbal	A Danne Sunda	Street: 1848 KIELY WAY	Town O Village City MASTON	//2/20 <i>L</i> 2 (Month) (Day) (Year)	Emai
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Ema
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I, Suffice of Circulator)

(Name of Circulator)

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator 's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name) I know their respective residences given. I support his recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

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(Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Gretchen Hutzler	Leithor Hutyle	Street: N&&& C+y:Hd.F CHy: BONIN Zip: 54923	Prown Uillage Blr W	61/67/2012 (Month) (Day) (Year)
Carol Maddasin	Caron Maddisirl	Street: 408 Kelly Place City: Malasica zip. 54650	Motown □ Village □ City City	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
JODD MATINAGON	Jell William	Street: 608 KELLY WALF B City: On ALASE A Zip: 54650	Town O'llage City SNA/ASKA	/ 8 /20/Z (Month) (Day) (Year)
Strart Clish	Stune Clish	city: Kimberly zip: 5413C	Town Rivillage City Kimberly	//9/20/2 (Month) (Day) (Year)
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Ton Ledvina, (certify): I reside at W473 ct y Rd D, Beelin	POUSIDAI	
(Name of Circulator) (Circulator's Residence – Street name and Number) ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is p	(Circulator Municipality)	_ be
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
hristine Toonen	thatak loom	Street: 931 Gay Dr City: Nephan zip: 5495t	Town Village Neenah	1/12/2012 (Month) (Day) (Year)
have Dobbins	In Olhe	Street: 928 Evergreen Land City: Neemah zip: 54956	Town Village Veens	[/(2/20[2] (Month) (Day) (Year)
Kathleen Sheriden		Street: 2071 White Walf Lane City: Kaukauna zip: 54130	Town Village Ravkauna	1 /12/20 <u>12</u> (Month) (Day) (Year)
Peter Brockm	Peter brokman 21	Gir. Number 254956	STown Village Viench	//12/20/2 (Month) (Day) (Year)
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,	Certification	of Circulator	0	7

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors or the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Cheryl M. Brouillard	C/2B110	Street: 2560 Pali sacles Lane City: Apple 400 Zip: 54915	Town Village City Menasha	11/29/2011 (Month) (Day) (Year)	Phone (12)
2 Amber Brown / Tard	andre	Street 2560 Palisagles LN City: Apploton zip: 54915	Town Village Mewasha	1 /29/2011 (Month) (Day) (Year)	Email Phone
3. Tyler Gamilick	Jef The	street: 2560 Palisadus Care City: Appleton zip: 54915	Mi Town City Menysha	(Month) (Day) (Year)	Email Phone
"Nakia HUFF	Nava HK	Street: 1214 Grand St City: DSMKOSh Zip: Wi	Town Village Osk 6 5k	12/20/20/(Year)	Phone 92
Mark HOLTE	Mark Holk	Street: N3979 CTY Harry C City: Appleton Zip: 54913	Town Village Facity Aplaton	/2/8/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Anthony Holtz	anthony Holtz	street: N3979 Cty Rd C City: Appleton zip: 54913	Town Village Apple for	12/8/2011 (Month) (Day) (Year)	Email Phone
Nicole Peiffer- Ulman	Neid Poffe Ulman	Street: 801 Grove St. City: Menasha zip: 54952	Town Village Menasha	12/10/20 <u>11</u> (Month) (Day) (Year)	Email Phone
* Rodney Hutt	July Higher	street: 212 Chuie St. City: Menasha zip: 54952	Town Village City Wenasho	\2/\5/20 (Month) (Day) (Year)	Email Phone
9.	V	Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
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Cheryl M Brown	Certification (~	SHIS Two of	Menash	Circulato

Cherry	M Browillar	(certify): I reside at 2560 Patisades Lane Age	solden Two of Menach
•	(Name of Circulator)	(Circulator's Residence – Street name and N	Number) (Circulator Municipality)
personally circulated this rec	all petition and personally obtained eac	h of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the off	ficeholder named in this petition. I know that each person signed
he paper with full knowledge	of its content on the date indicated opp	osite his or her name. I know their resp <u>ect</u> ive residences given. L-support this recall petition. I am aware that falsifying t	this certification is punishable under S.12.13(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified el

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Dawn MMcQuillan	X oun M. M. Bull	street: 1397 Mission ST City: Menasha Ut zip: 54952 street: 1407 Circle Dr. City: Menasha WE zip: 54952	City Nenasha	/J /27/20// (Month) (Day) (Year)
sicholas D. Fahienking	All sleg	Street: 1407 Circle Dr. City: Menasha W.E. zip: 54952	Town Village Menasha	12 /2 1/20 <u>//</u> (Month) (Day) (Year)
Sandra M. Archamb	sult Landes auchemban	street: 908 Covenant Lane Stoff Appleton zip: 549/5	Town Village Form Village Village Village Village City Village City	/0/30/20// (Month) (Day) (Year)
lathan W Menzel	nonle	Street: NOY24 Cong Rd City: Hilbert WI Zip: 54129	Prown Uvillage City Journal Octor	12/3/20// (Month) (Day) (Year)
DOUGLAS COBB	W. Stell	Street: 221814. ELINON ST. City: Ai-PLERCH Zip: 54914	Town Village City APOLETON	//3/20/2 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
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Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Mac THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE. VOTING PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS DATE OF SIGNING MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE CON Rural address must also include box or fire no. (Indicate Town, City, or Village) Wown NEENAH CAtherine D. Brockman Phone ☐ City Email A Town Harrison 13/20/18 ☐ Village Phone ☐ City (Month) (Day) (Year) zip: 54915 Email Stown Neenah Margaret S. Potter ☐ Village Phone ☐ City Email Town Village Phone ☐ City Email Street: 2533 Maple Grove Ar ☐ Town ☐ Village Phone Weeke 1 City Neeneh (U) Zip: 54956 Email ☑ Town ☐ Village Menasha Phone zip: 54956 Email ☐ Town ☐ Village Phone beenan WI zip: 54952 Email 2958 GUARDIAN CT EMILY KHOFFMANN Phone City: NEENAH Email Sportsman Phone Email WHIL Town ☐ Village Harrisor Phone Appleton zip: 54415 Certification of Circulator (certify): I reside at 1135-32 Manor Dr.

		lame of Circulator)		(Circulator's Reside	ence – Street name and Number)	(Circulator Municipality)	
ersonally circulated th	uis recall petition and	d personally obtained ea	ch of the signatures on this paper. I know that the	se signers are electors of the jurisdiction or o	district represented by the officeholder name	d in this petition. I know that each person signed	
paper with full know	ledge of its content	on the date indicated op	posite his or her name. I know their respective re-	esidences given. I support this recall petition	n. I am aware that falsifying this certification	is punishable under S.12.13(3)(a). Wis. Stats.	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Mad THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING DATE OF SIGNING CON MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE SIGNATURES OF ELECTORS PRINTED NAMES OF ELECTORS (Indicate Town, City, or Village) Rural address must also include box or fire ro. 4016 Towne Lakes Circle #7308 of Town 11/20/2011 derenner (920) Email: Town mdoer Village Grand Phone ☐ City chute (920)Email Phone Email LORRAINE BERRY Email 5. Phone Email 1809 Alcan Dr. #5 ☐ Town Village Mendsha Phone Linda Kesse Zin: 54952 City: Menasha Email 7. ☐ Town 20 ☐ Village Phone ☐ City City: Email 8. ☐ Town Street: ☐ Village Phone ☐ City Month) (Day) Zip: City: Email ☐ Town 20 ☐ Village Phone ☐ City Zip: City: Email 10. □ Town 20 Street: ☐ Village Phone ☐ City (Month) (Day) City:

Certification of Circulator

(certify): I reside at 1809 Alcan Dr. #5

(Circulator Municipality)

(Circulator's Residence - Street name and Number) (Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Linda Kessel

(Signature of Circulator)

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MARYLJANSEN	Warn & Dansen	Street: 958 Betty Ave City: NeeNAH zip:54956	Town Village NeenaH	11/22/2011	Email Phone
		City: NeeNAH Zip:54956	City Nee 1147	(Month) (Day) (Year)	
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the paper				. I know that the signers are electors of	the jurisdiction or district represented but this reall petition. I am aware that fa	y the officeholder nar	med in this petition. I know that each person signed ion is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: MICE HANGACKER Sign: Timber Lyba	Street: 1222 Antler Ct City: Moznal zip: 54956	Town Village City (Municipality Name)	1 / 13/20 <u>/2</u> (Month) (Day) (Year)	Phone (
2. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
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Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
1, Patrick Monroe (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 2/2 RNA Ridge La AC (Circulator's Residence - Street Name and Nu	mber) (Clrculator Munic	Veenal	Circulator
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu	umber) (Clrculator Muni	cipality)	Please include
	btained each of the signatures on this paper. I know that the signers are elected paper with full knowledge of its content on the date indicated opposite his or is punishable under S.12.45(3)(2). Wis. Stats.			Phone (92

(Signature of Circulator)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: Echo Viner Sign: Echo Viner	Street: 514 Monroe	St.	☐ Town ☐ Village B*City Municipality Name)		10/18/2011 (Month) (Day) (Year)	Email
2.	city: Sporda	zip: SYGSG	(Williams)	<u> </u>		Email
Print Mary ANNABELLE SHAR Sign Mary annabable Sharp	Street: 11246 Haven dale	ave	ATown Utillage City HNGF10		/2 //8 /20 (/ (Month) (Day) (Year)	Phon
3.	city: Sparta	zip: W 1 5 54656	(Municipality Name)		(1011)	
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Sigu:	City:		(Municipality Name)		(Month) (Day) (Year)	Phon
(Printed Name of Circulator)	Certificati certify): 1 reside at 1757 ACC	on of Circulator V N	Menasha Menas	ha -	Town	Circula:

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

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Certification of Circulator			City: Zip:	☐ Village	1 ' 1

1)			of Circulator			- D	A. /
1. Donna	Jhano	, (cer	tify): I reside at 1757 F	Icom Court, 1	Menashawt	lown of	Menasha
	(Name of Circulator)		(Circula	tor's Residence – Street n	ame and Number)	(Circulator l	Municipality)
I personally circulated this recal	ll petition and personally obtained each of t	ne signatures on this paper. I know that	the signers are electors of the jun	risdiction or district represent	ed by the officeholder named	in this petition. I know the	hat each person signed
the paper with full knowledge o	f its content on the date indicated opposite	is or her name. I know their respective	residences given. I support this	recall petition. I am aware tha	at falsifying this certification i	s punishable under S.12.	13(3)(a). Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF E			RES OF ELECTORS	Rural address must	BER OR RURAL ROUTE also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
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Mary Pu	rocknow	Mary C	Procknow	Street: 620 E	= Calcine ton zip: 549/8	Town Village Apple For	/ /7/20/2 (Month) (Day) (Year)
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Jonna S	harp		Certification o	f Circulator , y): I reside at 1757	7 Acorn Con	rt, Menasha WI	Town of Me

(Signature of Circulator)

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Brian Mc Mahon	Brian McMahon	Street: 3780 S. Hampton Ct. City: Appleton W1 219:54915	□ Town	//7/20/2 (Month) (Day) (Year)
Kistin Garde	Some Sant	Street: 183 Folest Die City: Debieski, wat zip: 5-1171	Down Willage Schice	(Month) (Day) (Year)
16 undio Hernand	2 Shinda Herrion	Street: 714 MEIISSA City: MAGNASHA Zip: 54950	Town Village WenasHA	/ /20 (Month) (Day) (Year)
tacqueline Herna	ndoe Jacqueline Harry	Street: 716 MELLOSA SCHY: MENCISHA ZIP: 54952	Town Uillage Scity Menascht	/ /20 (Month) (Day) (Year)
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Jana Dhave	$\mathbf{\hat{z}}$, (certify): I reside at 1157 HCOVN	Course Ward & HA	Town of Menasha
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	(Name of Circulator)	(Circulator's Residence	– Street name and Number)	(Circulator Municipality)
personally circulated this recall petition	and personally obtained each of the signatures on this paper. I kno	w that the signers are electors of the jurisdiction or distric	t represented by the officeholder named	in this petition. I know that each person signed
he paper with full knowledge of its conter	nt on the date indicated opposite his or her name. I know their resp	pective residences given. I support this recall petition. I an	n aware that falsifying this certification i	s punishable under S.12.13(3)(a), Wis. Stats.
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THE MUNICIPALITY USED FOR MA1LI	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS VOTING	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
de Zornow	Jania Zarova	Street: 210 Plummer Ave City: Abench 21pt 54856	Town Village Scity / Lenah	16 29 2011 (Month) (Day) (Year)
am Bero	Cambon	Street: 1419 W Franklinst	Town Village Do eton	12/1/20_11 (Month) (Day) (Year)
Julia Coenen	Julia Colner	Street: 1426 W. Franklins City: AppletmwIn: 504914	Trown Oppleton	/2//20 <u>//</u> (Month) (Day) (Year)
lichee Bogar	Willesan	Street 375 W Bell St.	Town Village Neenah	J /13/2013 (Month) (Day) (Year)
MARKA, POTTER	Mad a he	Street: 115 RETLAW PL. City: NEENAH Zip: 54956	City Neenah	(Month) (Day) (Year)
Villiam T KnauF Dorrie A Hansen	ania / Lat	Street: 13200 menden Lane City: Neemon zip: 54956	oxcity Neenah	O/ //3 /20/2 (Month) (Day) (Year)
Dorrie A Hansen	Davis A Hansur	Street: W/354 Cty Rd HIF City: Fremon F zip: 54940	Hown West Orillage Bloomfield	O (/ (3/20 <u>12</u> (Month) (Gay) (Year)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

UDITH A. LAYTON Ju	7	Street: 644 Roosevelt St. Street: 644 ROOSEVELTST. City: NGENAH WYS. zip: 54956 Street: 1925 Henry City: Neenah zip: 54956 Street: 427 TOWAR RD. #7	Town Village neenceh	/Z/ 420// (Month) (Day) (Year) 12/2/20// (Month) (Day) (Year) (Month) (Day) (Year)
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awn schutte Jacob	1284NIND	street: 1160 Higgins Ave city: Nelnah W 1 zip: 54956	Town Village Deeneth	1/1/20[2 (Month) (Day) (Year)
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Email

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
ichael Ratke	Gilledlese	Street: Na617 Golden Way City: Application zip: W1	Town Harrison City	12/2/2011 (Month) (Day) (Year)
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_	/ [(Name of C	rculator)		(Circulator's Res	sidence – Street name and Number)	(Circulator) er named in this petition. I know	Municipality) that each person signed
per ie p	sonally circulated this paper with full knowled	recall petition and personally ige of its content on the date	obtained each of the signature indicated opposite his or her na	me. I know their respective	residences given. I support this recall peti	ition. I am aware that falsifying this certi	ification is punishable under S12	13(3)(a), Wis. Stats.
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